Approved for use through 09/30/2007. OMB 0651-0031
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PE	ETITIC	ON FOR EXTENSION OF TIME UNDER	Docket Number (Optional)						
		FY 2006 rrsuant to the Consolidated Appropriations Act	25040-031						
		Number 10/613,584	Filed July 2, 2003						
		MERIZED AND MODIFIED RAPAMYC	INS AND THEIR US			HESES			
	nit 16		Examiner C. Azpuru						
This	is a re	quest under the provisions of 37 CFR 1.136(	a) to extend the period	d for filing a reply	in the above identified				
	ication		,						
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):									
			<u>Fee</u> <u>Sn</u>	all Entity Fee					
		One month (37 CFR 1.17(a)(1))	\$120	\$60	\$				
		Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$				
	$\boxtimes$	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$51	0.00			
		Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	<u> </u>			
		Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$				
$\boxtimes$	Applic	ant claims small entity status. See 37 CFR 1	.27.						
	A check in the amount of the fee is enclosed.								
	Paym	ent by credit card. Form PTO-2038 is at	tached.						
	The Director has already been authorized to charge fees in this application to a Deposit Account.								
$\boxtimes$	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-1847</u> . Transmittal is attached for fee processing.								
	WARNING: Information on this form may become public. Credit card information should not be included on this form.  Provide credit card information and authorization on PTO-2038.								
I am	the	applicant/inventor.							
	assignee of record of the entire interest. See 37 CFR 3.71.								
		Statement under 37 CFR 3.	orm PTO/SB/9	6).	•				
	attorney or agent of record. Registration Number 42,627								
	attorney or agent under 37 CFR 1.34.								
	Registration number if acting under 37 CFR 1.34								
			<del></del>		April 20, 2007	 10613584			
		Signature Shawn G. Hansen		ť	Date 650-812-1300	106			
						- 74			
NOTE	: Signati	I yped or printed name  ures of all the inventors or assignees of record of the entiri- quired, see below.	e interest or their representa	itive(s) are required. S	Submit multiple forms if more t	than on			
Signal		of 1 forms are submitted.				00011			

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fee Paid (\$)

\$510.00

PTO/SB/17 (01-06)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Fees pursuant to the Consol	lidated Approp	riations Act <del>2005 (</del> ⊌	LR. 4818).	(	Complete If I	Known	
FEE TR	/A F '	_	lication Number	10/613,	10/613,584		
	iyo i i A	Filin	ng Date	July 2,	July 2, 2003		
fo	006 <sub>kg 2</sub> 37	Firs	t Named Inventor	Jacob V	VAUGH		
			<b>5</b> / Exa	miner Name	C. Azpı	ıru	
Applicant claims small	entity status.	See 35 CFR 1.27	Art	Unit	1615		
TOTAL AMOUNT OF PA	YMENT	(\$) 510.00	Atto	rney Docket No.	25040-0	031	
METHOD OF PAYMENT (check all that apply)							
		Money Order		704			· · · · · · · · · · · · · · · · · · ·
Check Credit	. Card	Money Order	None	Other (please	e identify):		
Deposit Account	Deposit Accour	nt Number: <u>50-1847</u>		_ Deposit Accour	nt Name: <u>Manati</u>	t, Phelps & Phillips	
For the above-ider	ntified deposit	t account, the Dire	ctor is hereby a	uthorized to: (che	eck all that apply	y)	
Charge fee(s	) indicated be	elow		Charge fee(s	s) indicated belo	ow, except for the	filing fee
Charge any a	dditional fee(	s) or underpaymer	nts of fee(s)		verpayments	,	
under 37 CFF WARNING: Information on t			ا dit card informat			form Provide credi	it card
information and authorization	on on PTO-203	38.	uit caru iinoimai	iion should not be	meradea on this	ioim. Provide crea	it card
FEE CALCULATION	(All the fee	s below are due	upon filing	or may be sub	ject to a surc	charge.)	
1. BASIC FILING, SEA	•		<del></del>		<del></del>	· · · · · · · · · · · · · · · · · · ·	
ĺ	FILING		SEARCH	FEES	EXAMINA	ATION FEES	
		Small Entity		Small Entity		<b>Small Entity</b>	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100 _	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80 _	
Reissue	300	150	500	250	600	300 _	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FE	ES					<u>Sr</u>	nall Entity
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (inc						50	25
Each independent clain	•	cluding Reissues	s)			200	100
Multiple dependent cla		-! <b>- -</b>	(A) F D-	-1-1 (6)		360	180
Total Claims	Extra Cl			aid (\$)		Multiple Deper Fee (\$)	Fee Paid (\$)
I 100 - 101or H	P = 1	Y NOO					
100 - 101or H HP = highest number of total of		if greater than 20	=_0.00	<del>.</del>			0.00
HP = highest number of total of Indep. Claims		if greater than 20		aid (\$)		0.00	0.00
HP = highest number of total of	claims paid for, Extra CI	if greater than 20		aid (\$)			0.00
HP = highest number of total of Indep. Claims	claims paid for,  Extra CI  = 0	if greater than 20 aims Fee ( x 0.00	\$) <u>Fees Pa</u> = 0.00	aid (\$)			0.00
HP = highest number of total of Indep. Claims 5 - 5 or HP	elaims paid for,  Extra CI  = 0  Deendent claims	if greater than 20 aims Fee ( x 0.00	\$) <u>Fees Pa</u> = 0.00	aid (\$)			0.00
HP = highest number of total of Indep. Claims  5 - 5 or HP  HP = highest number of indep  3. APPLICATION SIZI  If the specification	claims paid for,  Extra CI  = 0  pendent claims  E FEE  a and drawir	if greater than 20 aims Fee (  x 0.00 paid for, if greater than 100 sexceed 10	$\frac{\text{Fees Pa}}{\text{an 3}} = \frac{0.00}{0.00}$ Sheets of pape	r (excluding ele		0.00	computer
HP = highest number of total of Indep. Claims 5 - 5 or HP HP = highest number of indep  3. APPLICATION SIZE	etaims paid for,  Extra CI  = 0  Dendent claims  E FEE  a and drawir  CFR 1.52(e)	if greater than 20 aims Fee (  x 0.00 paid for, if greater than 100 s  ngs exceed 100 s ), the application	$\frac{\text{Fees Pa}}{\text{an 3}} = \frac{\text{Fees Pa}}{0.00}$ sheets of paper size fee due	r (excluding ele is \$250 (\$125 f		0.00	computer

SUBMITTED BY	0			
Signature		C<\&\frac{\}{2}	Registration No. 42,627 (Attorney/Agent)	Telephone (650) 812-1300
Name (Print/Type	Shawn G. I	Hansen		Date April 20, 2007

(round up to a whole number)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2. AmericanLegalNet, Inc. www.USCourtForms.co

Other (e.g., late filing surcharge): Petition for Extension of Time (3-mos) under 37 CFR 1.136(a)

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4. OTHER FEE(S)

/50=

Non-English Specification, \$130 fee (no small entity discount)